Intervention: Safer Choices

Finding: Mixed evidence for effectiveness

Potential partners to undertake the intervention:	
Nonprofits or local coalitions	☐Businesses or labor organizations
Schools or universities	☐Media
	Local public health departments
State public health departments	□Policymakers
Hospitals, clinics or managed care organizations	Other:

Background on the intervention:

Safer Choices is an HIV/STI and teen pregnancy prevention curriculum. The primary goal of this program is to reduce unprotected sex by encouraging abstince and encouraging condom use among students having sex.

Safer Choices consists of 20 sessions, each lasting one class period. Divided evenly over two years, the sessions include experiential activities to build skills in communication, delaying sex, and among sexually active youth, using condoms.

The program also utilizes a school health protection council, a peer team or club to host school-wide activities, parenting education, and links to community services. It also includes optional HIV-positive speakers. When implementing this program, educator training is recommended.

Findings from the systematic reviews:

At 31-month follow-up, an evaluation found significant improvements in participants' knowledge about HIV and STIs, more positive attitudes about condoms, fewer barriers to condom use, and higher levels of perceived risk for HIV than among control youth.

In addition, sexually experienced intervention students were less likely to report having sex without a condom in the three months prior to follow-up surveys than were sexually experienced control students; intervention students who reported having sexual intercourse during the prior three months were 1.68 times more likely to have used condoms than were control students. Intervention students also reduced the number of sexual partners with whom they had sexual intercourse without a condom by a ratio of 0.73.

However, the evaluation found no significant differences in the incidence of sexual initiation between intervention and control students, either at three-month posttest or at final follow-up. Similarly the evaluation found no significant differences between intervention and control youth on number of sexual partners reported in the last three months, nor on use of alcohol and other drugs before sexual intercourse in the last three months. Students in the intervention condition who heard the HIV-positive speaker were more likely to get tested for HIV, compared to students who did not hear the speaker.

References:

Alford, S. Science and Success: Sex education and other programs that work to prevent teen pregnancy, HIV snd Sexually Transmitted Infections; 2003. Available online at:

Advocates for Youth - http://www.advocatesforyouth.org/publications/ScienceSuccess.pdf

Evidence-Based Practices for Healthiest Wisconsin 2010 - Developed by the Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services, in partnership with the University of Wisconsin Population Health Institute (October 2005). Available at: http://dhfs.wisconsin.gov/statehealthplan/practices/